

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2010
FORM APPROVED
OMB NO. 0938-0391

454 9.3/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445160	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER MAYFIELD REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAYFIELD DRIVE SMYRNA, TN 37167	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the exits. The findings included: Observation of the 200 hall exit on 8/2/10 at 9:50 AM, revealed the door window was cover up with a decorated design. National Fire Protection Association (NFPA). 101, 7.5.1.1	K 038	It is the intent of this facility that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 19.2.1 1. The decorator design on the exit door on 200 hall was removed. 2. Maintenance Supervisor and Assistant conducted a facility-wide audit of all the exit doors to assure all exit doors were readily accessible. 3. Maintenance department, which consists of the Supervisor and Assistant, will begin a monthly audit of the accessibility of all exit doors as part of their preventive maintenance program. Department Managers are assigned routine compliance rounds during the weekdays and assessing for accessibility of exit doors will be included in the rounds. Department Managers will be inserviced by the Maintenance Supervisor and Administrator for including the monitoring of exit doors.	8/2/10 8/2/10
K 051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and			9/13/10 9/8/10 9/7/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Debbie Hankins

TITLE

Administrator

(X6) DATE

8/18/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	K 038, cont'd		<p>Department Managers consist of: Asst. Director of Nurses, Risk Manager, MDS Nurses (2), Social Workers (2), Restorative Nurse, Activity Director and Assistant, Care Plan Nurse, Staff Develop- ment Nurse, RN, Housekeeping Supervisor, Dietary Manager, Treatment LPN, Maintenance Supervisor, Director of Nurses, Bookkeeper, Rehab Director and Administrator.</p> <p>Findings of the compliance rounds will be submitted to the discipline responsible for correction. The manager is responsible for any corrective action and for the documentation to the original compliance rounds report when resolved.</p> <p>Compliance Round findings will be discussed during our weekday 9am Morning Meeting with the Depart- ment Managers.</p> <p>4. The Maintenance Supervisor will measure the effectiveness of the compliance with keeping all exit doors accessible through the monthly preventive maintenance program. The program will require a monthly audit of all exit doors for compliance.</p> <p>The Maintenance Supervisor will be</p>	9/8/10		
					9/8/10	
					9/13/10	

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	K 038, cont'd		accountable to report his monthly findings of his audit to the CQI/QA & A Committee. The CQI/QA & A Committee consists of: Director of Nurses, a physician and at least 3 other members of the facility staff. The Maintenance Supervisor is a permanent member of this committee. Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Committee and will include audit findings and any necessary action plan. Plans will be reviewed by the CQI/QA & A Committee with recommendations as necessary.	8/26/10	
			Administrator will assure that any follow-up will be provided at each CQI/QA & A Committee meeting until such time compliance is achieved and/or the Committee feels the action plan has been successfully completed.	8/26/10	
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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 7KCN21 Facility ID: TN7503 If continuation sheet Page 2 of 5

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	K 051, cont'd		responsible to report monthly findings of the synchronization of the strobe lights and the report of the annual audit by the fire alarm vendor, when appropriate to the CQI/QA & A Committee meeting. The CQI/QA & A Committee consists of: Director of Nurses, a physician and at least 3 other facility staff. The Maintenance Supervisor is a permanent member of the CQI/QA & A Committee. Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Committee and it will include the findings of the monthly test of the strobe lights through the pre-ventive maintenance program. The CQI/QA & A Committee will review the test results and make recommendations accordingly. This measure of effectiveness of the action plan will be reviewed and if the plan is not successful, the Maintenance Supervisor is to be responsible for developing goals and/or interventions to address more appropriate action plans.	8/26/10	8/26/10

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the alarm system. The findings included: Observation of the laundry room on 8/2/10 at 10:15 AM, revealed the pull station was blocked with a cart. National Fire Protection Association (NFPA). 72, 2-8.2.1 This findings was acknowledge by the Administrator and verified by the Director of Maintenance at the exit conference on 8/2/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 052	It is the intent of the facility that a fire alarm system re- quired for life safety is in- stalled, tested and maintained in accordance with NFPA 70 National Electrical code and NFPA 70 and 72. 9.6.1.4 1. Cart in laundry room was re- moved from in front of the pull station. 2. The Maintenance Supervisor and Assistant conducted a facility-wide audit of all the pull stations to verify that none were blocked. 3. Maintenance Department, which consists of the Supervisor and Assistant will begin a monthly audit of the accessibility of all the pull stations in the facility. As of 8/2/10, the first audit was completed with no discrepancies. The on-going audit will occur each month as part of the monthly preventive maintenance program. Department Managers are assigned focus compliance rounds during the weekdays and monitoring for the blocking of pull stations will be included in the rounds.	8/2/10 8/2/10 9/8/10	
K 054 SS=D	All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke detectors. The findings included: Observation of the corridor by the dining room entrance door on 8/2/10 at 9:35 AM, revealed the smoke detector was in the direct path of the air return vent. National Fire protection Association				

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	K 052, cont'd		Department Managers will be in- served by the Maintenance Supervisor and Administrator for including the monitoring of the blocking of pull stations. Findings of the compliance rounds will be submitted to the discipline responsible for cor- rection. The manager is responsible for correction and for documenting to resolution to the original com- pliance round report. The findings from the compliance report will be discussed during our weekday 9am Morning Meeting with the Depart- ment Managers.		9/7/10
			4. The Maintenance Supervisor will measure the effectiveness of the compliance with preventing the blocking of pull station access through the monthly preventive maintenance program. The program will require a monthly audit of all pull stations for compliance. The Maintenance Supervisor will be accountable to report his monthly findings of his audit to the CQI/QA & A Committee.		9/8/10
			The CQI/QA & A Committee con- sists of: Director of Nurses, a physician and at least 3 other members of the facility staff. The		9/13/10
					8/26/10

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	K 052, cont'd		Maintenance Supervisor is a permanent member of this committee. Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Committee and will include audit findings and any necessary action plan. Plans will be reviewed by the CQI/QA & A Committee with recommendations as necessary.	8/26/10	
			Administrator will assure that any follow-up will be provided at each CQI/QA & A Committee meeting until such time compliance is achieved and/or the Committee feels that the action plan has been successfully completed.	8/26/10	

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K 054	Continued From page 3 (NFPA). 72, 2-3.5.1 This finding was acknowledge by the Administrator and verified by the Director of Maintenance at the exit conference on 8/2/10.	K 054	It is the intent of this facility that all required smoke de- tectors are approved and maintained in accordance with the manufacturers specifications. 9.6.1.3		
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire extinguishers. The findings included: Observation of the area outside of the laundry room and the outside hot water heater room on 8/2/10 at 10:10 AM, revealed the fire extinguishers were blocked with equipment. National Fire Protection Association (NFPA). These findings were acknowledge by the Administrator and veified by the Director of Maintenance at the exit conference on 8/2/10.		1. Maintenance Supervisor will contract with outside vendor to relocate the smoke detector to allow for sufficient distance to deter detector from direct path of air return vent. 2. Maintenance Department con- ducted an audit of entire facility to assess for the proper place- ment of smoke detectors in relation to the location of the air return vent. 3. Preventive Maintenance pro- gram requires the monthly audit of all smoke detectors for proper location compliance. The audit findings has been added to the preventive maintenance log.		9-13-10 8/3/10 9/13/10
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the		4. The Maintenance Supervisor will report the findings of his audit to the monthly CQI/QA & A Com- mittee. Any audit findings that show a negative outcome or any negative findings will require a plan of action to address these issues. This plan of action will		9/1/10

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	K 054, cont'd		also be presented to the CQI/QA & A Committee and will continue to be presented from month to month to this committee with the follow-up interventions until such time that the plan of action has been successfully resolved or at which time the Committee feels that compliance has occurred.	8/26/10	
			The CQI/QA & A Committee consists of: Director of Nurse, a physician and at least 3 other team members from the facility staff.		
			The Maintenance Supervisor is a permanent member of this committee. The Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Committee and will include audit findings and any necessary plans of action.	8/26/10	
			Administrator will assure that any follow-up will be provided at each CQI/QA & A Committee meeting until such time compliance is achieved and/or the Committee feels that the action plan has been successfully completed.	8/26/10	

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		K 064	<p>It is the intent of the facility that portable fire extinguishers are provided in accordance with 9.7.4.1 19.3.5.6, NFPA 10</p> <p>1. Maintenance Supervisor removed equipment that was blocking fire extinguisher outside the laundry room and hot water heater room.</p> <p>2. Maintenance Supervisor and Assistant conducted a facility-wide audit of fire extinguishers to verify that none were blocked and accessible for use.</p> <p>3. Maintenance department, which consists of the Supervisor and the Assistant will begin a monthly audit of the accessibility of all fire extinguishers through the inclusion of this audit in the monthly preventive maintenance program.</p> <p>Department Managers are assigned routine compliance rounds during the weekdays and assessing for accessibility of fire extinguishers will be included in the rounds.</p> <p>Department Managers will be inserviced by the Maintenance Supervisor and Administrator for including the monitoring of the</p>		<p>8/2/10</p> <p>8/2/10</p> <p>9/13/10</p> <p>9/8/10</p>

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	K 064, cont'd		accessibility of fire extinguishers for use. Department Managers consist of: Asst. Director of Nurses, Risk Manager, MDS Nurses (2), Social Workers (2), Restorative Nurse, Activity Director and Assistant, Care Plan Nurse, Staff Develop- ment Nurse, RN, Housekeeping Supervisor, dietary Manager, Treatment LPN, Maintenance Supervisor, Director of Nurses, Bookkeeper, Rehab Director and Administrator. Findings of the compliance rounds will be submitted to the discipline responsible for correction. The manager is responsible for any corrective action and for the documentation to the original compliance rounds report when resolved.		9/7/10
			Compliance Round findings will be discussed during our weekday 9am Morning Meeting with the Depart- ment Managers.		9/8/10
			4. The Maintenance Supervisor will measure the effectiveness of the compliance with keeping all fire extinguishers accessible through the monthly preventive maintenance program. The program will require a monthly audit of all facility fire		9/8/10

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	K 064, cont'd		extinguishers for compliance. The Maintenance Supervisor will be accountable to report his monthly findings of his audit to the CQI/QA & A Committee.	9/13/10	
			The CQI/QA & A Committee con- sists of: Director of Nurses, a physician and at least 3 other mem- bers of the facility staff.	8/26/10	
			The Maintenance Supervisor is a permanent member of this com- mittee.		
			Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Committee and will include audit findings and any necessary action plan. Plans will be reviewed by the CQI/QA & A Committee with recommendations as necessary.	8/26/10	
			Administrator will assure that any follow-up will be provided at each CQI/QA & A Committee meeting until such time compliance is achieved and/or the Committee feels the action plan has been successful.	8/26/10	

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	K 147, cont'd		included on the monthly pre- ventive maintenance program log. Department Managers are assigned routine compliance rounds during the weekdays and assessing for proper light covering will be include the compliance rounds.		9/13/10
		Department Managers will be in- services by the Maintenance Supervisor and Administrator for including the monitoring of the appropriate light coverings.		9/8/10	
		Findings of the compliance rounds will be submitted to the discipline responsible for correction. The manager is responsible for any corrective action and for the documentation to the original compliance rounds report when resolved.		9/7/10	
		Compliance Round findings will be discussed during our weekday 9am Morning Meeting with the Department Managers.		9/8/10	
		Department Managers consist of: Asst. Director of Nurses, Risk Manager, MDS Nurses (2), Social Services (2), Restorative Nurse, Activity Director and Assistant, Care Plan Nurse, Staff Develop- ment Nurse, RN, Housekeeping Supervisor, Dietary Manager, Treatment LPN, Maintenance		9/8/10	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	K 147, cont'd		Supervisor, Director of Nurses, Bookkeeper, Rehab Director and Administrator. Findings of the compliance rounds will be submitted to the discipline responsible for correction. The manager is responsible for any corrective action and for the documentation to the original compliance rounds report when resolved.		9/8/10
			Compliance Round findings will be discussed during our weekday 9am Morning Meeting with the Depart- ment Managers.		9/8/10
			4. The Maintenance Supervisor will measure the effectiveness of com- pliance through the monthly audit. The findings of the audit will be presented by the Maintenance Supervisor at the monthly CQI/ QA & A Committee meeting. Any trends with non-compliance will be reviewed by the Committee and the Maintenance Supervisor will be re- sponsible for presenting an action plan to address these trends/issues of non- compliance.		8/26/10
			Action plans will require monthly follow-up until resolved and/or the Committee feels compliance has been achieved. The CQI/QA & A Committee consists		8/26/10

AUG 19 2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 08/06/2010
FORM APPROVED
OMB NO. 0938-0391

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	K 147, cont'd		of: Director of Nurses, a physician and at least 3 other members of the facility staff. The Maintenance Supervisor is a permanent member of this Committee. Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Com- mittee and will include audit findings and any necessary action plan. Plans will be reviewed by the Committee with recommendations as necessary. Administrator will assure that any follow-up will be provided at each monthly CQI/QA & A Committee meeting until such time compliance is achieved and/or the Committee feels the action plan has been successful.	8/26/10	8/26/10

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